Effective October 1, 2000

	Αı	opl	icat	ion	or	Doc	ket	N	lum	be
--	----	-----	------	-----	----	-----	-----	---	-----	----

A 7912

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
(Co				1) (Column 2)				TYPE			OR SMALL ENTITY	
TOTAL CLAIMS 20								RATE	FEE		RATE	FEE
FO	R		NUMBER F	ILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
то	TAL CHARGEA	BLE CLAIMS	20 min	us 20=	. 9	<u> </u>		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 mir	nus 3 =	*	0		X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	l	TOTAL		OR		710,00
	CI	LAIMS AS A	MENDED	- PAR	T II			,			OTHER	
		(Column 1)		(Colu		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	-	=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	TCLAIM			+135=	- ,	OR	+270=	
								TOTAL			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			AUUII. PEEI	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4144	=	4	X40=		OR	X80=	·
<u> </u>	FIRST PRESE	NTATION OF M	JUIPLE DEP	ENDEN	CLAIM		ا ل	+135=		OR	+270=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		. CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> -</u>]	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J ∤					
• 16 the contrain column d is less than the contrain column O units #0" in column O								+135=		OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												